

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

Date payment received \_\_\_\_\_

CSR Initials \_\_\_\_\_

## APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

☐ Permanent change of area of service. A non-refundable \$50 fee will apply. Specific purpose for change: \_\_\_\_\_

☐ Temporary change for date(s) of: 5/11/13 through 5/12/13 List specific purpose for change: \_\_\_\_\_

5/17/13 - 5-19-13, 5-24-13 - 5-26-13, 5-31-13 - 6-2-13 Accommodate More People

- Licensee's Name: KEGAN Albani Fanna  
Last First Middle
- Mailing Address: 541 N 19th Ave Phoenix AZ 85015  
City State Zip
- Business Name: Spindrum Club LICENSE #: 0604009
- Business Address: 5087 N Highway 87 Glendale 610 AZ 85544  
City COUNTY State Zip
- Business Phone: (921) 990-951-4292 Residence Phone: ( ) \_\_\_\_\_
- Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Fax #: ( ) \_\_\_\_\_
- Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? 1/1
- What security precautions will be taken to prevent liquor violations in the extended area? Licensee Staff for 3-10 people
- Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO
- IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

☐ Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption: \_\_\_\_\_

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: 1/1

\*\*\*\*After completing sections 1-10, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

(Authorized Signature)

(Title)

(Agency)

I, Albani Fanna KEGAN, being first duly sworn upon oath, hereby depose, swear and declare,  
(Print full name)

under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X [Signature]  
(Signature of Owner or Agent)

State of Arizona County of Maricopa  
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

OFFICIAL SEAL  
CYNTHIA BEJAR  
NOTARY PUBLIC, State of Arizona - Month April Year 2013  
MARICOPA COUNTY  
My Comm. Expires February 12, 2016  
(Signature of NOTARY PUBLIC)

My commission expires on: 2/12/16

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: 1/1

Director Signature required for Disapprovals \_\_\_\_\_ Date: 1/1

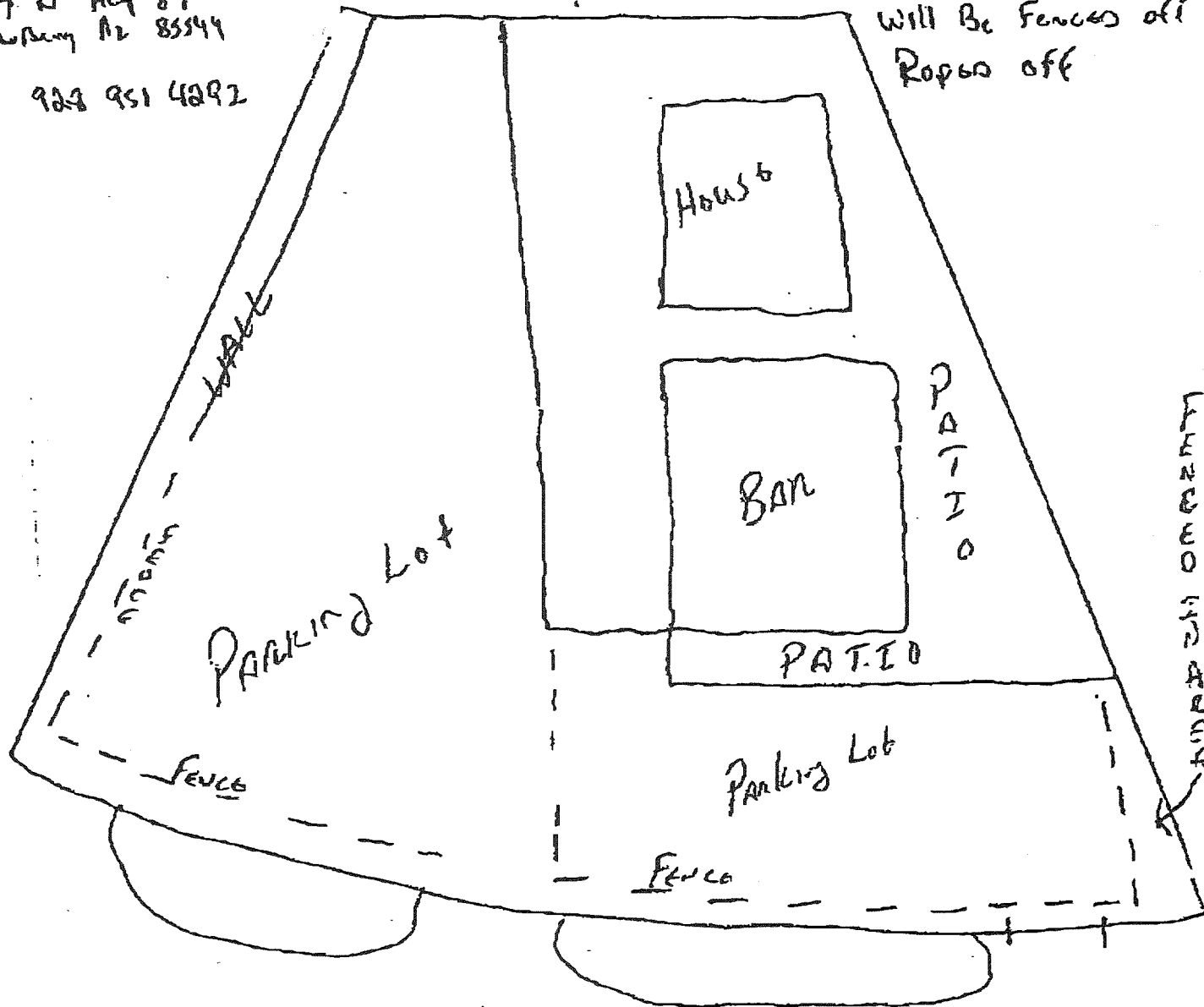
12/26/2012 \*Disabled individuals requiring special accommodation, please call the Department (602) 542-9027.

igertsmans United  
 3087 N Hwy 87  
 P.O. Box 12 85544

im 923 951 4292

Approx Parking Lot to Have liquor is it for

Will Be Fences off and on  
 Ropes off



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☐ Temporary change for date(s) of: 6-17-13 through 6-19-13 List specific purpose for change: \_\_\_\_\_

6-14-13-6-16-13, 6-21-13-6-23-13, 6-28-13-6-30-13 Accommodate more people

- Licensee's Name: KEGAN Alford Frank  
Last First Middle
- Mailing Address: 5041 N 19th Ave Phoenix AZ 85015  
City State Zip
- Business Name: Spirit in the Club LICENSE #: 0604009
- Business Address: 5087 N Hyman St Glendale AZ 85055 85044  
City COUNTY State Zip
- Business Phone: (928) 951-4292 Residence Phone: ( ) \_\_\_\_\_
- Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Fax #: ( ) \_\_\_\_\_
- Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? 1/1/13
- What security precautions will be taken to prevent liquor violations in the extended area? License State for 3-10 people
- Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO
- IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.**

☐ Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption: \_\_\_\_\_

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: 1/1/13

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This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

(Authorized Signature)

(Title)

(Agency)

- I, Alford Frank Kegan, being first duly sworn upon oath, hereby depose, swear and declare,  
(Print full name)  
under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X [Signature]  
(Signature of Owner or Agent)



State of Arizona County of Maricopa  
SUBSCRIBE OFFICIALLY IN MY PRESENCE AND SWORN TO before me this date  
CYNTHIA BEJAR  
NOTARY PUBLIC State of Arizona  
MARICOPA COUNTY Month April Year 2013  
My Comm. Expires February 12, 2016  
[Signature]  
(Signature of NOTARY PUBLIC)

My commission expires on: 2/12/16

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: 1/1/13

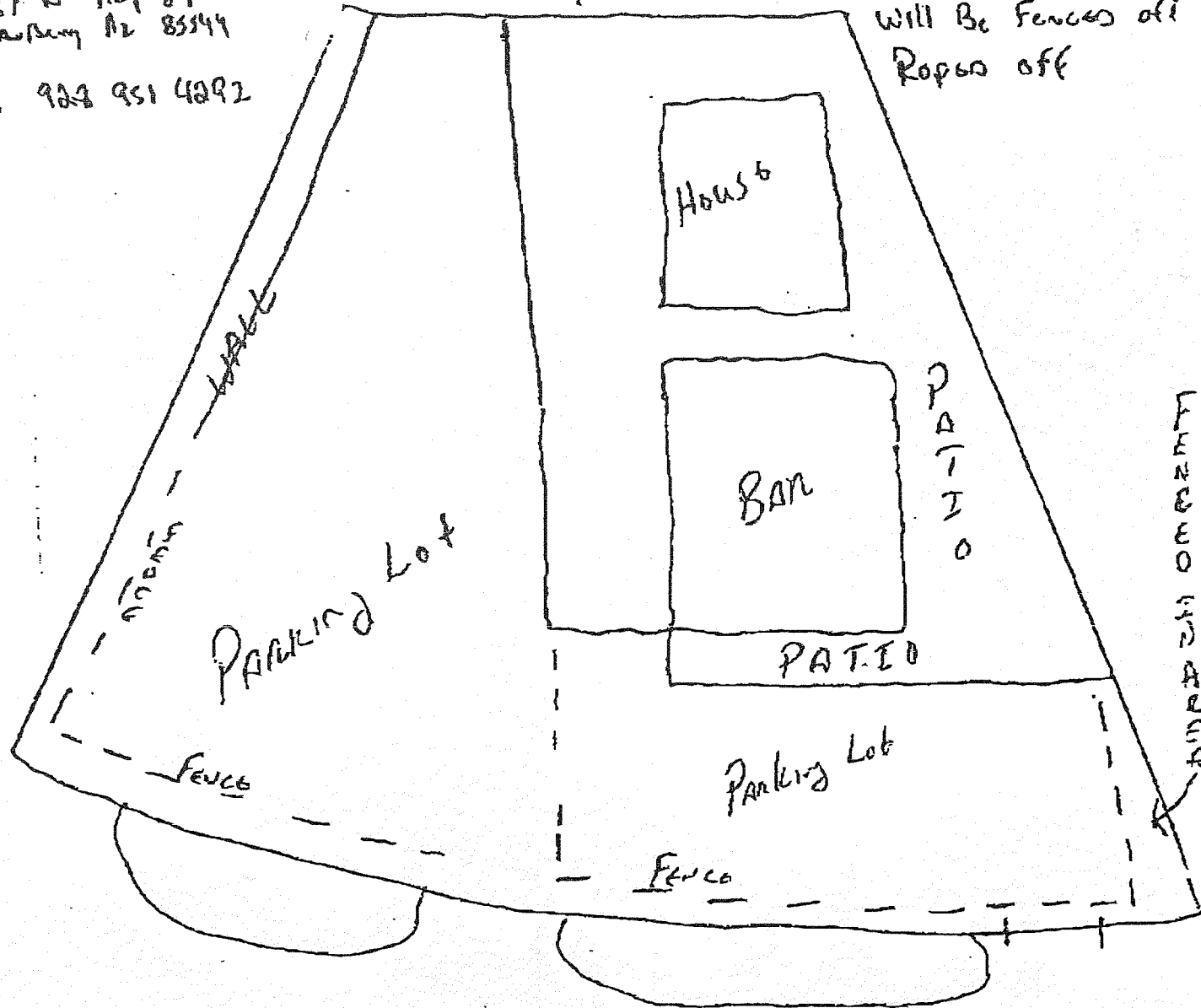
Director Signature required for Disapprovals \_\_\_\_\_ Date: 1/1/13

12/26/2012 \*Disabled individuals requiring special accommodation, please call the Department (602) 542-9027.

ipointmans Chubel  
 3087 N Hwy 87  
 Steamboat AZ 83344  
 Tim 928 951 4292

Apparent Parking Lot to Have liquor is it for

Will Be Fenced off and on  
 Ropes off



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☐ Temporary change for date(s) of: 7/5/13 through 7/7/13 List specific purpose for change: \_\_\_\_\_

7-12-13 - 7-14-13, 7-19-13 - 7-21-13, 7-26-13 - 7-28-13 Academy Mini Range

1. Licensee's Name: Albert Fink  
2. Mailing Address: 5041 N 19th Ave City Phoenix State AZ Zip 85013  
3. Business Name: Spartan Child LICENSE #: 06040009  
4. Business Address: 5087 N Highway 87 City Glendale State AZ Zip 85144  
5. Business Phone: (921) 951-4292 Residence Phone: (\_\_\_\_) \_\_\_\_\_  
6. Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Fax #: (\_\_\_\_) \_\_\_\_\_  
7. Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? 1/1/14  
8. What security precautions will be taken to prevent liquor violations in the extended area? INCL. STAFF FOR 3-10  
9. Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO  
10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

☐ Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption: \_\_\_\_\_

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(Authorized Signature)

(Title)

(Agency)

I, Albert Fink, being first duly sworn upon oath, hereby depose, swear and declare,  
(Print full name)  
under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X [Signature]  
(Signature of Owner or Agent)



State of Arizona County of Maricopa  
SUBSCRIBE IN MY PRESENCE AND SWORN TO before me this date  
CYNTHIA BEJAR  
NOTARY PUBLIC, State of Arizona  
MARICOPA COUNTY  
Month April Year 2013  
[Signature]  
(Signature of NOTARY PUBLIC)

My commission expires on: 2/12/16

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: 7/1/13

Director Signature required for Disapprovals \_\_\_\_\_ Date: 7/1/13

Tim 922 951 4292

Apparent Parking Lot to Hall Highway is it for

Will Be Fences off and on  
Ropes off

